

2020/2021 Annual Report



**INDIGENOUS
PRIMARY
HEALTH CARE
COUNCIL**

HONOURING INDIGENOUS WAYS
OF KNOWING AND BEING



MESSAGE FROM THE CEO

It is with great pleasure that I share the Indigenous Primary Health Care Council's (IPHCC) annual report on behalf of our members. Our 2020/21 Annual Report highlights an incredible year of work accomplished during a period of significant social upheaval caused and magnified by the COVID-19 pandemic. This time also saw events that drew national attention to the deep racial inequities that continue to persist across Canada for Indigenous Peoples.

On behalf of our 27 members and associates, the IPHCC coordinates and advocates for all aspects of health and well-being for the Indigenous population at a provincial level. We operate in locations across Ontario and provide primary health care services to Indigenous people in urban, rural, remote and First Nations settings.

Aboriginal Health Access Centres, Indigenous Inter-professional Primary Care Teams, Indigenous Family Health Teams and Aboriginal Community Health Centres are community-governed, primary health care organizations where clients can see a doctor, nurse, or other health professional such as a physiotherapist, dietitian, or mental health counsellor. They provide access to traditional healers, medicine persons, Elders, traditional teachers, and Indigenous counsellors. Our approach is to work together to address the

physical, spiritual, emotional, and mental needs of the First Nations, Inuit, and Métis (FNIM) people and communities we serve.

The organizations reduce barriers to care by working with FNIM communities and provincial health systems to optimize federal and provincial health resource capacity. This model of care enables innovative solutions for delivering comprehensive health services focused on improving health outcomes and accelerating Indigenous health gains.

Our approach to wellbeing addresses the underlying causes of poor health including intergenerational trauma, impacts of systemic racism and the stress caused by the daily pressures to assimilate. AHACs, IIPHCTs, IFHTs and ACHCs help people to reconnect to each other, their families, communities, culture, and languages. They are a liaison and support for FNIM people and communities to help facilitate relationships of respect and dignity with mainstream health care providers. We recognize that the social determinants of health – income, education, adequate housing, and diet, etc., contribute to poor health outcomes. We provide comprehensive client care, which includes traditional healing to address the social and spiritual determinants of health, health promotion and illness prevention programs, and better access to social services.

The IPHCC is also a leader in cultural safety training through our approach to Indigenous Cultural Safety, which is focused on supporting Indigenous Health transformation as part of the overall health and social service system transformation. The goal is to improve Indigenous healthcare experiences and outcomes by increasing respect and understanding of the unique history and current realities of Indigenous populations. Finally, we encourage everyone to read further to see a summary highlight of major advancements and accomplishments for our sector. We continue

to advance on many fronts, and we are very open to working with others meaningfully to minimize health gaps for our communities we serve and improve health outcomes.

Miigwech/Thank you,

Caroline Lidstone-Jones

Chief Executive Officer

Indigenous Primary Health Care Council



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INDIGENOUS HEALTH IN INDIGENOUS HANDS

Indigenous Health in Indigenous Hands has remained a primary goal and top priority for the Indigenous Primary Health Care Council (IPHCC).

The movement of Indigenous Health in Indigenous Hands speaks to the development of Indigenous solutions that transform health outcomes. These solutions include reclaiming our cultural identity and preserving our cultural traditions, education, advocacy and promoting our inherent rights of nationhood.

The IPHCC, as an Indigenous- governed, culture-based, and Indigenous-informed organization is in an opportune position to push the movement forward, as the key mandate is to support the advancement and evolution of Indigenous primary health care services provision and planning throughout Ontario.

This past year the IPHCC has seen growth with current membership consisting of twenty sites that include Aboriginal Health Access Centres (AHACs), Indigenous Community Health Centres (CHCs), Indigenous Inter-

professional Primary Care Teams (IIPCHTs), Indigenous Nurse Practitioner Led Clinic (INPLC), and Indigenous Family Health Teams (IFHTs).

IPHCC, through its member sites, promotes high quality care provision through the Model of Wholistic Health and Wellbeing, a population-needs based approach to health care planning, Indigenous informed evaluation approaches, and scaling leading practices for excellence in Indigenous health. We are status neutral, meaning that we support Indigenous organizations providing services to Indigenous people who live on and off reserve, status, non-status, Inuit, and Métis within Ontario.

In all the work we do, we strive to support our members in providing culturally appropriate, culturally safe, Indigenous informed, high-quality health and community wellness programs and services.





IPHCC Vision

A health system where Indigenous people have access to high quality, safe care, and are treated with empathy, dignity, and respect.



IPHCC Mission

We enable transformative and decolonizing change within individuals, organizations, and systems.



IPHCC Touchstone Values

- We honour Indigenous knowledge systems
- We promote Indigenous Health in Indigenous Hands
 - We respect that Culture is Treatment
 - We create respectful relationships
- We endorse community-based approaches to healing and wellbeing
 - We value and support staff throughout our network
 - We are open to learn from each other
 - We establish and promote safe spaces
 - We laugh together

HIGHLIGHTS

In the first year as a newly incorporated organization, working through a global pandemic, we faced challenges but also saw many successes in 2020/21.

As a network, we banded together to address the many challenges that COVID-19 brought to our doorsteps, from PPE procurement to vaccine allocation. We supported movement when nationwide news of death in the healthcare system brought light to the dangers of systemic racism.

We mourned as the world was woke to the unspeakable truths that Indigenous Peoples have known for years with the discoveries/confirmations of mass and unmarked graves of residential school children across Turtle Island.

During this, we also kept focus on the priorities IPHCC set forth at its inauguration:

- Gather and share stories and data about the health status and service gaps for Indigenous people
- Identify and alleviate the barriers that Indigenous people and communities face in regaining good health
- Support Indigenous people and communities' access to resources and networks to provide equitable quality health care



Moving from Reaction to Action through an Ontario-Made Indigenous Cultural Safety Approach

In many situations across Turtle Island, experiences Indigenous Peoples report when accessing health services are filled with acts of racism and discrimination that have resulted in some receiving subpar care, humiliation, and in some cases death.

As stated in the IPHCC vision, the goal for Indigenous people is to be treated with empathy, dignity, and respect when accessing health care. As such, an imperative goal of the IPHCC has been to implement initiatives that are geared towards continually decreasing racism while enhancing Indigenous health outcomes. This past year, we began development of a comprehensive approach to Indigenous Cultural Safety (ICS) that includes various elements of curriculum that

are geared towards individual behavioural change, as well broader and more systems level change that will create safer environments for Indigenous Peoples to access health services. In addition, we drew upon knowledge keepers and traditional peoples from our territories to help share our story and experiences that are real for First Nation, Inuit and Métis people living in Ontario.



Some Curriculum Highlights Include:

Foundational ICS:

This is the beginning point in the curriculum series that goes beyond cultural awareness and cultural competency and moves from reaction to action. Through Foundational ICS, those working in the health system, whether they are clinical or allied health, administrators, or security services, will learn to proactively and consistently deliver services that are more culturally safe and appropriate. Foundational ICS integrates cultural humility and critical reflection, and accounts for system-level change that must be considered across organizations to sustainably foster Indigenous cultural safety. The curriculum will inform how those working in the health system can respond during interactions with Indigenous patients, as well as how to intervene when witnessing acts racism or discrimination.



ethicists, and senior level executives. This curriculum was co-designed using the Two-Eyed Seeing approach that incorporates the strength of both Indigenous and western ways of knowing, with representatives from both the IPHCC Knowledge Keepers' Circle and bioethicists working in mainstream healthcare. The intent of this curriculum is to generate awareness that there are different ways to look at and approach decision-making in health care, particularly when it is a situation of life or death.

Indigenous Bioethics:

The COVID-19 pandemic magnified and created a massive tipping point for the world to realize that voices from the margins were not being heard or validated. The greatest impacts of the virus were seen in marginalized communities, and this led to the reality that by ignoring this truth it put the whole world at risk for on-going spread.

At the start of the pandemic, the IPHCC advocated to have a representative at the Provincial Bioethics Table and the government responded by including a spot for us. To support this representative, the IPHCC established a bioethics reference group to help provide feedback into the discussions taking place at the provincial level. As work at the table continued it became evident to the Indigenous representative sitting at the provincial bioethics table and IPHCC reference group, that Indigenous perspectives were not being considered in the decision-making process on how equitable care would be delivered. As a result, this led to the birth of the Indigenous bioethics curriculum that is targeted to health care professionals across all disciplines, including clinical and allied health, bio-

Organizational Change:

The IPHCC recognizes that acts of racism and discrimination do not take place in a vacuum, and that in many situations, organizational policies and processes unintentionally permit these acts. In 2020/21, we created the Ne'iikaanigaana Toolkit where the central focus is on supporting mainstream health agencies to create safer environments for Indigenous Peoples to access services.

As part of the ICS curriculum series, we are currently developing a module that will include an organizational change framework and self-assessment tool that will enable organizations to measure where they stand in creating culturally safe spaces while ensuring accountability in the process.

Re-Establishing Balance Across All Areas of Health Inclusive of Mental Wellness

A touchstone value held by the IPHCC is respect Culture as Treatment

In 2020/21, we developed the Tools of Resiliency: Addressing the Wellbeing Needs of Indigenous People by Honouring Culture as Treatment to provide a better understanding of Indigenous community-governed mental health and addictions (MHA) programs and services in Ontario. The report highlighted the Model of Wholistic Health and Wellbeing and was inclusive of all components of physical, spiritual, emotional, and mental aspects of self and wellness.

Recommendations from the report included:

- Increase funding and resources to build internal capacity to provide culturally appropriate services and reduce the number of purchased services from mainstream providers
- Utilize data and other available information to ensure centres have sufficient capacity and training to optimize existing resources
- Increase training and capacity building for complex MHA issues and trauma informed care



- Continue service coordination activities for service pathways and client journey
- Increase and enhance capacity for the integration of culture and traditional healing
- Increase funding for traditional healing resources that are best positioned to provide peer-led support programming
- Explore opportunities to develop Indigenous-governed crisis support services including mobile crisis outreach
- Explore opportunities for Indigenous models for intensive treatment and increasing access to residential treatment facilities
- Explore collaborative opportunities to integrate social determinants of health into the continuum of care

Emerging Opportunities Based on Recommendations Include:

Ontario Structured Psychotherapy Program:

The IPHCC began discussions with the Ontario Health, Centre of Excellence (CoE) and IPHCC members in July of 2020, regarding opportunities to increase equitable access to the Ontario Structured Psychotherapy program for the Indigenous population.

An IPHCC proposal is currently under review with the CoE that includes two key deliverables:

1. Establish a framework and design of an Indigenous-led OSP clinical and operations model for a Two-Eyed Seeing approach for delivering Cognitive Behavioural Therapy (CBT).
2. Improving Cultural Safety in Existing OSP Network Lead Organizations and service sites through an IPHCC led Change Management and Training strategy.

Transitions in Care Initiative:

The IPHCC is partnering with the Alliance for Healthier communities on a Transitions in Care project led by the Ministry of the Solicitor General. As envisioned, this project will involve the simultaneous development of local initiatives and a provincial framework for

transitions in care. The objective is to ensure that persons leaving incarceration in provincial facilities will have access to wraparound health services that include primary care, mental health care, harm reduction, social care, and access to material supports.

MHA Advocacy and Funding:

The IPHCC advocacy efforts and coordination resulted in funding to support MHA initiatives such as System Coordinator position, COVID-19 Emergency Mental Health & Addictions Supports, and MHA Base Funding for Children and Youth

MHA Advisory Panel and Training Capacity & Staff Wellness Action Team:

The IPHCC formed an advisory panel and action team to support the strategic planning and priorities for MHA activities. The Panel and Action Team identified roles for the IPHCC in the areas of advocacy and government relations; training, capacity, and staff wellness; project management; data, research, policy, and evaluation; as well as system coordination.



USING DATA TO TELL THE INDIGENOUS SECTOR'S STORY

An identified priority at the launch of the IPHCC was to gather and share stories and data about the health status and service gaps for Indigenous people.

As such, the goal of the IPHCC is simple - ensure the Indigenous-governed primary health care sector can tell their story, at both the sector and individual centre level, using traditional storytelling based on valid and reliable data.

Over the past year, we have worked hard to lay the foundation for future growth while simultaneously addressing emergent, COVID-19-related concerns.

With these priorities in mind, we engaged in the following over the past year:

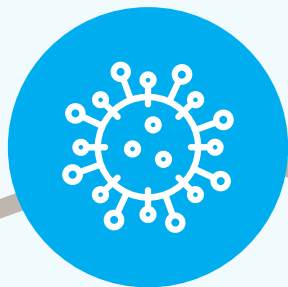
- Utilized data to tell our sector's COVID-19 story
- Initiated development of an IPHCC-specific Indigenous data governance framework
- Began revisions to the IPHCC's evaluation frame-

work to ensure alignment between performance indicators and the Model of Wholistic Health and Wellbeing

- Promoted the collection of sociodemographic data quality and completeness
- Conducted a baseline data management capabilities assessment
- Developed and began implementation of a comprehensive members' survey collecting vital information about capacity and growth
- Drafted a programs and services schedule for the creation of a sector-wide funding agreement, as well as developed criteria for the selection of performance indicator
- Explored the process of Indigenous self-identification and the collection of race-based data



Noteworthy Data Highlights include:



Telling our Sector's COVID-19 Story:

Since the start of the pandemic, the IPHCC's Quality Decision Support Specialist (QDSS) has been working closely with our data partners and member sites to ensure timely access to information of how COVID-19 is impacting communities.

Reports outlining the frequency of COVID-19-related encounters at AHACs and CHCs were shared regularly with IPHCC members to help inform our advocacy efforts. To gain a deeper understanding of COVID-19's impacts on communities, the data team submitted an Applied Health Research Question to the Institute of Clinical and Evaluative Sciences pertaining to examining risk factors related to COVID-19. The results are expected to be available in Q2 of 2021/2022.



Vaccine Administration:

Weekly reports were generated to demonstrate effectiveness of the sector's vaccination rollout strategy.

To ensure vaccination data are used in a good way, the IPHCC commissioned a legal review of the COVID-19 Vaccines Global Access (COVAXON) user agreement.

The findings of this legal review will inform the IPHCC's advocacy strategies moving forward, as it is imperative that member sites have the information they need to provide optimal client care and that Indigenous vaccination data are used in a way that benefits Indigenous communities.



Data Governance Framework:

A jurisdictional scan has been completed to support the creation of a data governance framework journey.

Our sector is distinctive because we serve First Nations, Inuit, and Métis communities located in urban, rural, and on-reserve settings.

To respect this diversity, we are working towards the design of a data governance framework that encompasses the traditions, needs, and priorities of those we serve.



Performance Indicators:

In February 2020, the IPHCC was presented with a driver diagram outlining the key 'drivers' required for achieving our sector's foundational aim, which is providing care in a manner that aligns with the Model of Wholistic Health and Wellbeing.

Over the past year, we have worked to ensure that the driver diagram is populated with relevant indicators that align with the model, are relevant for member sites, and can be readily captured.

The completed evaluation framework will be brought to the Information Performance Management Committee for feedback and input, after which technical specifications will be developed for each approved indicator.



Data and Digital Equity:

The IPHCC received funding from the Ministry of Health and Indigenous Services Canada to promote data and digital equity within our member sites.

This funding supports the enhancement of the Business Intelligence Reporting Tool so that it more effectively represents the needs and priorities of Indigenous patients, clients, and organizations.

CULTIVATING INDIGENOUS VOICES THROUGH COMMUNICATIONS



The IPHCC represents the unified voice of AHAC's, Indigenous CHC's, IIPHCT's , INPLC & IFHT's.

With its members and associates being some of the most foremost experts in their respective fields, there is a unique opportunity to create communications materials and products that rely on our members' expertise. Now more than ever, communications between members and associates and the general population are critical. Over the course of 2020/21, IPHCC communications were focused on sharing vital COVID-19 information as well as promoting and raising awareness regarding the COVID-19 vaccine.

External

- To ensure corporate key messaging was shared throughout social channels, the IPHCC developed and grew social media accounts. All postings were relevant, key messages that allows employees, IPHCC, members, and the general public to be well informed.
- As COVID-19 vaccinations began, we worked to decrease vaccine hesitancy and fear among Indigenous youth and increase vaccine confidence. Co-led with the National Reconciliation Program at Save the Children Canada, we ran the Youth Campaign, targeting Indigenous youth to share how COVID-19 impacted their lives as well as their reasons for getting vaccinated. These videos were shared across our social platforms.

Internal

- With COVID-19 information and data consistently evolving, the IPHCC developed COVID-19 Data e-blasts that highlighted the most up to date statistics. Bi-weekly, members received a snapshot of current COVID-19 cases, vaccine administration, and up to date COVID-19 information.



CONNECTING WITH ONTARIO HEALTH TEAMS TO SUPPORT SYSTEMS LEVEL CHANGE

The mission of the IPHCC is to enable transformative and decolonizing change within individuals, organizations, and systems.

Ontario Health Teams (OHTs) are a systems level structure that is intended to redesign care in a manner that meets the health care needs of Ontario's diverse population, including First Nation, Inuit, and Métis peoples.

The People's Health Care Act, 2019, recognizes the role of Indigenous peoples in the planning, design, delivery, and evaluation of health services in their communities. However, consultations with key stakeholders in the Indigenous community have revealed several challenges associated with the engagement and

inclusion of Indigenous providers and communities in the OHT model.

It has been reported that current approaches have not met expectations for inclusivity, nor have they resulted in meaningful changes for Indigenous populations.

OHTs are seeking support for their Indigenous inclusion approaches and have requested access to tools and resources that would assist in the delivery of equitable and culturally safe care.

A PATH FORWARD: PROVINCIAL INDIGENOUS OHT INITIATIVE

The IPHCC received approval of a proposal submission to begin development of Indigenous participation models within the OHT framework. We share the vision of the ministry for creating population-health focused models based on integrated care for the whole population of Ontario. Through extensive engagement and collaboration, we will design models that recognize Ontario's vision for OHT's at mature state, and work towards the outcomes of the quadruple aim that are supportive of Indigenous health outcomes.

The MOH-IPHCC Initiative:

IPHCC is leading a provincial initiative to develop tools, resources, and processes for Indigenous organizations to commence with meaningful participation within the OHT framework. We will also be making recommendations on a longer-term strategy and provincial model for how the IPHCC, and Indigenous organizations will operate within and alongside the mainstream OHT system while ensuring the system reflects and addresses the needs of Indigenous peoples.

Indigenous Engagement and Inclusion in OHTs:

While OHTs present a critical opportunity to address long-standing issues of health inequity, consultations with key stakeholders in the Indigenous community have revealed some challenges associated with Indigenous inclusion and representation within the OHT model.

To close the gap, we are working in collaboration with member sites to develop a comprehensive outreach and engagement strategy that is respectful of First Nation, Inuit, and Métis communities that we serve.

The accompanying graphic from Anishnawbe Health Toronto helps depict what an Indigenous model of care looks like for them as a community. This work will continue throughout next fiscal year.



ALL HANDS-ON DECK IN THE FIGHT AGAINST COVID-19

Over the past year, COVID-19 became our new normal and as a sector, we spent countless hours at the frontline and beyond collectively fighting against the deadly virus and all the systemic and structural inequities that came to the surface, further impacting the health of Indigenous Peoples.

However, IPHCC and member sites stepped up to the COVID-19 challenge and we showed what strength and resiliency look like, yet again. As a sector, we excelled in our vaccine planning and rollout. And while we may have experienced some bumps along the way, we persevered to meet the needs of our communities and help keep them safe.

SOME IPHCC COVID-19 HIGHLIGHTS INCLUDE:

PPE Procurement and Distribution:

At the onset of the pandemic, there was disruption in PPE supply caused by rising demand and panic buying. IPHCC worked closely with member organizations and the ministry to support the availability of ongoing and sustainable PPE needs.

Engagement and Knowledge Sharing:

To support mainstream health agencies effectively engage Indigenous communities in the planning

process, we developed several resources and toolkits such as Six Steps to Effective Engagement for Vaccine Distribution with Indigenous Peoples, GASHKIWIDOOON Toolkit and subsequent webinar, Wise Practices for Vaccinators webinar, and others.

Funding Proposals:

Several funding proposals were submitted to support member sites with vaccine rollout.

Successful submissions resulted in the purchasing of three mobile units, establishment of a communications platform, strengthening of current data management system, and more.



Advisory Tables:

Over the past year, the IPHCC has sat at various COVID-19 response tables, addressing diverse areas of foci and strategy. These include, but are not limited to, the Provincial Bioethics Table, Provincial Children’s Planning Table, Primary Care Collaborative, as well as the IAO First Nations and Urban Indigenous tables.

Advocacy Efforts:

After the province announced on March 19 that on-reserve First Nations would be eligible to receive their second dose at a 21/28-day interval rather than the 121-day interval, we strongly advocated that the same change applies to the urban Indigenous population, including off-reserve, Inuit, and Métis groups. On May 6, it was announced that Ontario would be reverting to the 21/28-day interval indicated for all Indigenous populations, regardless of status,

and that it would be a guiding principle for all Public Health Units (PHUs).

Contact Tracing:

IPHCC continues to work with members to increase capacity for contact tracing. Early in the pandemic a need to strengthen the public health system’s capacity to provide coordinated and culturally safe contact tracing and case management for Indigenous people was identified.

IPHCC has worked in collaboration with member organizations to identify contact tracers that can provide contact tracing and case management in a culturally safe manner and work with their local PHUs. Through this project, IPHCC developed a cultural safety training module that is geared towards mainstream health care providers who participate in contact tracing.



FINANCIAL REPORT 2020-2021

The Indigenous Primary Health Care Council has successfully completed its first full year in operation working through a global pandemic, with total revenues of **\$8.5 million**.

Total revenue of **\$1.1 million** contributes to our core operations: advocacy, policy, communications, and resource and policy support for our members. This revenue was earned from administration fees and funding for special projects.

Revenue of **\$7.4 million** contributes to our Government Funded Projects which includes: Indigenous Cultural Safety, the Indigenous Primary Health Care Engagement Table, Bioethics Reference Group, Data and Digital Equity, Contact Tracing, COVID-19 Mental Health and Emergency Mental Health & Addictions Support, Systems Coordinator and COVID-19 Community Supports Urban and Off Reserve.

As of March 31, 2021, the IPHCC’s fund balances totaled **\$596,328**.



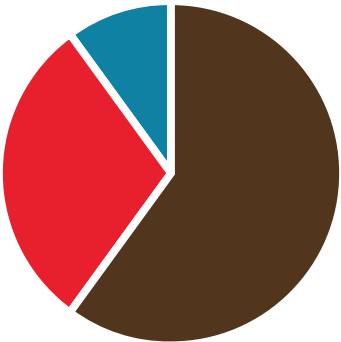
\$1.1 million
Core Operations



\$7.4 million
Total Revenue



\$596,328 Fund
Balances



- Ministry of Health
- Indigenous Services Canada
- Ministry of Indigenous Affairs



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